

**Homeowner "Wish List"**

Please take a few minutes to complete the following information—it will give your designer a better idea of the direction your project will take. For best results, use one form per room.

**Let's start with some info about the design**

**What room are you planning?**

- Kitchen
- Master Bath
- Office/Craft Room
- Bath (not master)
- Family/Media Room
- Closet
- Laundry/Utility
- \_\_\_\_\_

**What type of "feeling" would you like your new room to have?**

- Strictly functional
- Formal
- Informal
- Traditional
- Sleek/Contemporary
- Country
- Family Retreat
- Personal design statement

Is the size of the existing space adequate?  Yes  No

If not, are you willing to move:  Walls  Windows/doors  Sink/plumbing  Electrical  Gas

**Briefly describe your project**, to help us understand your goals for the finished space. (Bring along any pictures/magazines/websites that reflect your style.)

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**What is your proposed budget for this project?**

- Under \$10,000
- \$10,000 - \$15,000
- \$15,000 - \$20,000
- \$20,000 - \$25,000
- \$25,000 - \$30,000
- \$30,000 - \$35,000
- \$35,000 - \$40,000
- Over \$40,000

**Kitchen design and use: let us know what you would like to see more of, and how you use the space**

- Baking sheets
- Bulk items
- Computer/printer
- Cookbooks
- Cutlery/flatware
- Oversized pots and/or pans
- Pet food/supplies
- Recycling/trash
- School supplies
- Serving items
- Spices
- Stand mixer
- Towels (hanging)
- Small appliances: \_\_\_\_\_
- Other \_\_\_\_\_

*(continued on the next page)*

List any other storage, functional or display areas you would like to have incorporated:

- Pantry cabinets       Bar/wine storage       Baking center       Pull-out storage  
 More counter space       Open shelves       Plate display racks       Mantel-style hood  
 Other \_\_\_\_\_

How many in your family? \_\_\_\_\_ How many people eat at the same time? \_\_\_\_\_

Where does your family eat most meals?  Kitchen  Dining Room  Other \_\_\_\_\_

Will you need a sit-down eating area in the kitchen?  Yes  No

What other type of activities typically occur in your kitchen?

- Homework       Hobbies/Crafts       Home Management  
 Other \_\_\_\_\_

Do you entertain frequently?  Yes  No

If yes, how often? \_\_\_\_\_ How many guests do you typically have? \_\_\_\_\_

The primary cook is:  R Handed  L Handed Height \_\_\_\_\_ Notes \_\_\_\_\_

Secondary cook is:  R Handed  L Handed Height \_\_\_\_\_ Notes \_\_\_\_\_

What type of cooking do you do?

- Everyday       Gourmet       Baking       Canning       Catering

Are there special needs to consider?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Master Suite: Check off the items you would like to have special storage or display space for**

- | <b>Bathroom/Vanity</b>                       | <b>Closet/Dressing Area</b>             | <b>Appliances</b>                             | <b>Other</b> |
|--|---|---|--------------|
| <input type="checkbox"/> Bulk paper items    | <input type="checkbox"/> Accessories    | <input type="checkbox"/> Clothes washer/dryer | _____        |
| <input type="checkbox"/> Cleaning supplies   | <input type="checkbox"/> Boots          | <input type="checkbox"/> Ironing board/iron   | _____        |
| <input type="checkbox"/> Cosmetics/Hair care | <input type="checkbox"/> Formal wear    | <input type="checkbox"/> Clothing steamer     | _____        |
| <input type="checkbox"/> Soiled laundry      | <input type="checkbox"/> Linens         | <input type="checkbox"/> Coffee maker         | _____        |
| <input type="checkbox"/> Towels              | <input type="checkbox"/> Luggage        | <input type="checkbox"/> Microwave            | _____        |
| <input type="checkbox"/> Waste basket        | <input type="checkbox"/> Seasonal items | <input type="checkbox"/> Mini fridge          | _____        |

**Family/Media Room: Be sure to note size of media items in the Appliances section on the next page**

- | <b>Appliances</b>                        | <b>Other</b>                                    |       |
|--|---|-------|
| <input type="checkbox"/> Board games     | <input type="checkbox"/> Computer/printer       | _____ |
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Game console/games     | _____ |
| <input type="checkbox"/> DVDs            | <input type="checkbox"/> Throw blankets/pillows | _____ |
| <input type="checkbox"/> Collectibles    | <input type="checkbox"/> Toys                   | _____ |

**Office/Craft Room: Check off the items you would like to have special storage or display space for**

- |   |   |                                       |       |
|---|---|---------------------------------------|-------|
| <input type="checkbox"/> Books/magazines  | <input type="checkbox"/> Gift wrapping items    | <input type="checkbox"/> Art supplies | Other |
| <input type="checkbox"/> DVDs             | <input type="checkbox"/> Office supplies        | Appliances                            | _____ |
| <input type="checkbox"/> Collectibles     | <input type="checkbox"/> Scrapbooking           | <input type="checkbox"/> Coffee maker | _____ |
| <input type="checkbox"/> Computer/printer | <input type="checkbox"/> Sewing machine         | <input type="checkbox"/> Microwave    | _____ |
| <input type="checkbox"/> Craft supplies   | <input type="checkbox"/> Fabric/sewing supplies | <input type="checkbox"/> Mini fridge  | _____ |

**Laundry/Utility: Check off the items you would like to have ample storage for**

- |   |  |  |       |
|---|--|--|-------|
| <input type="checkbox"/> Laundry supplies   | <input type="checkbox"/> Cleaning supplies | <input type="checkbox"/> Household tools   | Other |
| <input type="checkbox"/> Hangers            | <input type="checkbox"/> Broom/dustpan     | <input type="checkbox"/> Seasonal items    | _____ |
| <input type="checkbox"/> Soiled laundry     | <input type="checkbox"/> Vacuum cleaner    | <input type="checkbox"/> Gardening items   | _____ |
| <input type="checkbox"/> Ironing board/iron | <input type="checkbox"/> Waste basket      | <input type="checkbox"/> Coats/hats/gloves | _____ |
| <input type="checkbox"/> Clothes steamer    | <input type="checkbox"/> Recycling center  | <input type="checkbox"/> Shoes/boots       | _____ |
| <input type="checkbox"/> Towels             | <input type="checkbox"/> Bulk items        | <input type="checkbox"/> Sports equipment  | _____ |
| <input type="checkbox"/> Folding area       | <input type="checkbox"/> Pet food/supplies | <input type="checkbox"/> School supplies   | _____ |

**Additional "Wish List" items: Let us know what other items you would like to see in your design**

Desired Look or Function:

Description of Item:

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It is important for us to know how much space the appliances will take, and how the doors will open. If have made appliance selections, please provide the information below:

Appliance	Brand/Model #	Appliance	Brand/Model #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

